

# Central Management Services Registration Form

If you have any special needs or requirements, please let us know and we will do our best to accommodate you.

## Participant Information

Name:	Social Security #:	
Title:	Supervisor:	
Agency:		
Work Address:	City:	ZIP:
Work Phone #:	Work Fax #:	
E-mail address:		
Do you currently supervise staff?                      YES                      NO		

## Training Coordinator Information

Name:		
Address:	City:	ZIP:
Phone #:	Fax #:	
E-mail address:		

Course Title	<u>Date of Session</u> Please make <b>three</b> choices in preference order
	1. _____ 2. _____ 3. _____

We will make every effort to schedule you based on your preference order; however, if the sessions you select are full, you will be scheduled into the next available session.

**You must obtain your personnel officer's signature prior to registering for Interview and Selection Training.**

Personnel Officer Name (Please print)	Signature	Date
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COMPLETE ONE REGISTRATION FORM  
FOR EACH PARTICIPANT AND EACH CLASS

Fax or mail your completed registration form to:  
Agency Training Section  
500 Stratton Building, Springfield, Illinois 62706  
**Fax: (217) 558-0048**  
**Phone: (217) 524-8700**

**Please visit our website for current training information and registration forms**  
**[www.state.il.us/cms/2\\_servicese\\_edu/](http://www.state.il.us/cms/2_servicese_edu/)**